

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18838 (5)
1. Corporation Name
PUPA LAND, CORP.

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 7765 W 12 CT HIALEAH FLORIDA 33014		Mailing Address 7765 W 12 CT HIALEAH FLORIDA 33014	
21. Principal Place of Business 7765 W 12 CT	26. Mailing Address 7765 W 12 CT	3. Date Incorporated or Qualified 03/02/1992	3a. Date of Last Report 02/15/1994
22. Suite, Apt. #, etc. HIALEAH FLORIDA	27. Suite, Apt. #, etc. HIALEAH	4. FEI Number 65-0326242	Applied For <input type="checkbox"/> Not Applicable
23. City & State FLORIDA	28. City & State FLORIDA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33014	25. Country DADE	29. Zip 33014	30. Country DADE

9. Name and Address of Current Registered Agent HERNANDEZ/REYNALDO 7278 NW 66TH STREET MIAMI FL 33166		10. Name and Address of New Registered Agent MARGARITA HERNANDEZ 7765 WEST 12 CT HIALEAH FLORIDA 33014	
81. Name	MARGARITA HERNANDEZ		
82. Street Address (P.O. Box Number is Not Acceptable)	7765 WEST 12 CT		
83.	HIALEAH FLORIDA 33014		
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: Margarita Hernandez (NOTE: Registered Agent signature required when necessary) DATE: 7/14/95

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HERNANDEZ REYNALDO
STREET ADDRESS	7278 NW 66TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	HERNANDEZ, MARGARITA
STREET ADDRESS	7278 NW 66TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	OPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERNANDEZ MARGARITA
1.3 STREET ADDRESS	7765 WEST 12 CT
1.4 CITY - ST - ZIP	HIALEAH FLORIDA 33014 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margarita Hernandez DATE: 6/23/95 4779364

CR2E034 (3/95)